Division of Health Service Regulation

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED						
		HAL011189	B. WING		03/1	3/2018					
NAME OF PROVIDER OR SUPPLIER RICHMOND HILL REST HOME # 4 STREET ADDRESS, CITY, STATE, ZIP CODE 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806											
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	OULD BE COMPLETE						
C 000 Initial Comments			C 000								
	Records indicate th licensed on 9-28-19 information, the fac 1978 NC State Build Unrestrained Occup Standards and Reg Aged and Disabled	is 12 bed facility was first									
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and	C 189								
	rated ceiling was co Holes and penetrati materials approved construction presen begins in one space areas of the facility. Finding includes:	on the required one-hour fire ompromised in a location. ions that are not sealed with for use in one-hour fire rated at the possibility that a fire that e can quickly spread to other									

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED								
AND PLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:	01	COMP	LETED							
		HAL011189	B. WING		03/1	3/2018							
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
RICHMOND HILL REST HOME # 4 95 RICHMOND HILL ROAD													
ASHEVILLE, NC 28806													
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE								
C 195	Continued From pa	ge 1	C 195										
C 195	Hot Water System		C 195		ļ								
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the hot water temperature was checked and found to be only 90 degrees F. in the men's bathroom. Hot water temperature must be maintained between 100 and 116 degrees F.												

6899

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